

**Interpreting Services Request Form**  
**NIH Sign Language Interpreting Services**  
**Special Program Services Office, DSS, ORS, NIH**

**REQUESTOR INFORMATION**

Name (last, first, initial)	Today's Date
Organization	Telephone TTY/TDD
Building/Room Number/MS	FAX
Job Title	

**EVENT INFORMATION**

Name or detailed description of the event				
Start Date	End Date	Starting Time	Ending Time	Total Hours
Event Location		Building Name	Building Number	Room
Event Type (Please check one):		Event Size (Please check one):	Duration (Select One):	
Meeting	Training	One-on-one	One day (i.e., April 26 at 2 p.m.)	
Lecture	Patient Services	Small Group (1-20)	On-going (i.e., every Tuesday)	
Conference	Social Luncheon	Large Group (21+)	> One Day (i.e., 4 day course)	
Contact Person (if different from Requestor above)			Contact Telephone	

**LANGUAGE PREFERENCE:**      ASL      PSE      Oral      Cued      Tactile      CART

**PREFERRED INTERPRETERS**


**SPECIAL INSTRUCTIONS**


**SPECIAL PROGRAM SERVICES OFFICE USE (Do not write below this line)**

Date Received	Action taken Accepted    Declined    Tentative    Hold	Request Number	Date/Time Confirmed
---------------	---	----------------	---------------------